



COVERED
CALIFORNIA

PLAN MANAGEMENT ADVISORY GROUP

December 8, 2016

WELCOME AND AGENDA REVIEW

JAMES DEBENEDETTI, DIRECTOR
PLAN MANAGEMENT ADVISORY GROUP

AGENDA

AGENDA

Plan Management and Delivery System Reform Advisory Group

Meeting and Webinar

Thursday, December 8, 2016, 10:00 a.m. to 12:00 p.m.

Webinar link: <https://attendee.gotowebinar.com/rt/6132192224704601089>

December Agenda Items

Suggested Time

Welcome and Agenda Review

10:00 - 10:05 (5 min.)

2018 Certification

10:05 – 10:35 (20 min.)

2018 Benefit Design

10:35 – 11:15 (50 min.)

Quality Improvement Strategy (QIS) Health Plan Meetings

11:15 – 11:30 (15 min.)

Membership Transition

11:30 – 11:45 (15 min.)

Future Topics and Open Forum

11:45 – 11:55 (10 min.)

Wrap-Up and Next Steps

11:55 – 12:00 (5 min.)

2018 CERTIFICATION

TAYLOR PRIESTLEY, CERTIFICATION PROGRAM MANAGER
PLAN MANAGEMENT DIVISION

PROPOSED 2018 QHP CERTIFICATION MILESTONES

Release draft 2018 QHP & QDP Certification Applications	December 2017
Plan Management Advisory: Benefit Design & Certification Policy recommendation	January 2017
Draft application comment periods end	January 2017
January Board Meeting: discussion of benefit design & certification policy recommendation	January 26, 2017
Letters of Intent Accepted	February 1 – 15, 2017
Final AV Calculator Released*	February 2017
Applicant Trainings (electronic submission software, SERFF submission and templates*)	February 2017
March Board Meeting: anticipated approval of 2018 Standard Benefit Plan Designs & Certification Policy	March 2, 2017
QHP & QDP Applications Open	March 3, 2017
QDP Application Responses (Individual and CCSB) Due	April 3, 2017
Evaluation of QDP Responses & Negotiation Prep	April 2017
QDP Negotiations	April 2017
QHP Application Responses (Individual and CCSB) Due	May 1, 2017
Evaluation of QHP Responses & Negotiation Prep	May - June 2017
QHP Negotiations	June 2017
QHP Preliminary Rates Announcement	July 2017
Regulatory Rate Review Begins (QHP Individual Marketplace)	July 2017
CCSB QHP Rates Due	TBD
QDP Rates Announcement (no regulatory rate review)	August 2017
Public posting of proposed rates	TBD
Public posting of final rates	TBD

*Final AV Calculator and final SERFF Templates availability dependent on CMS release

TBD = dependent on CCIIO rate filing timeline requirements

NOVEMBER 10 DRAFT BULLETIN: TIMING OF RATE SUBMISSION AND POSTING

Deadline	November 10 Draft Bulletin	Covered California Recommendation
<p>Proposed Uniform Submission Deadline “Issuers in a state with an Effective Rate Review Program would be required to submit proposed rate filings for single risk pool coverage (both QHPs and non-QHPs) on a date set by the State, as long as the date is not later than June 1, 2017.”</p>	<p>Not later than June 1, 2017</p>	<p>Not later than July 17, 2017</p>
<p>Proposed Rate Increases Subject to Review – Posting by States “The proposed uniform posting deadline for a State with an Effective Rate Review Program to post on the State’s website ... for proposed rate increases that are subject to review for single risk pool coverage (including both QHPs and non-QHPs) is no later than June 30, 2017.”</p>	<p>Not later than June 30, 2017</p>	<p>Not later than August 1, 2017</p>
<p>Final Rate Increases – Posting by States “...a State with an Effective Rate Review Program would be required to post ... for all single risk pool coverage final rate increases (including those non subject to review) no later than November 1, 2017.”</p>	<p>Not later than November 1, 2017</p>	<p>No recommendation to change</p>

2018 BENEFIT DESIGN

ALLIE MANGIARACINO, SENIOR QUALITY ANALYST
TAYLOR PRIESTLEY, CERTIFICATION PROGRAM MANAGER
PLAN MANAGEMENT DIVISION

2018 BENEFIT DESIGN

For Plan Advisory review and discussion:

- Draft Plan Designs and Endnotes (see handout)
 - Proposed changes for Platinum, Gold, Bronze, CCSB Silver HDHP
 - Draft endnotes
- Policy Discussion Items (see handout)
 - List of policy discussion items from 2018 Benefit Design Workgroup
 - Covered California's proposal for each item
- Silver Plans
 - Need further discussion on approach to changing the Silver to meet AV requirements
 - Options:
 - Option 1: Raise copays for office visits, ED, imaging, etc.
 - Option 2: Apply the pharmacy deductible to generic drugs and lower pharmacy deductible

DRAFT PLAN DESIGNS AND ENDNOTES

Summary of proposed changes (see draft plan designs handout):

Platinum and Gold Plans:

- Lower copays to bring copay plans into the de minimis range (and make the same changes in the coinsurance plans)
- Remove inpatient physician fee in the copay plans

Bronze:

- Raise the MOOP to \$7,000
- No changes to the HDHP plan

CCSB Silver HDHP:

- No changes

POLICY DISCUSSION ITEMS

- The workgroup considered a number of policy items (see handout for full list)
- Summary of Covered California's proposed decisions:
 - Continue offering copay and coinsurance plans in Platinum, Gold, CCSB Silver
 - Continue allowing alternate benefit designs in CCSB
 - Allow pharmacy tiering pending Covered California review of issuer proposals
 - No requirement to include immunizations in the pharmacy benefits
 - Remove day limit restrictions from tobacco cessation medications
 - Specify home health care copay as *per visit*
 - Require coverage of CDC-recognized diabetes prevention programs (amendment to QHP contract; no changes to plan designs)
- 3-visit rule in Bronze plan
 - Upon further clarification on MHPAEA requirements since the 11/28 workgroup meeting, Covered California proposes removing MH/SU other outpatient items and services from inclusion in the 3-visit rule since "other items" are not office visits
 - 3-visit rule = first three non-preventive visits in the Bronze are a copay and not subject to the deductible; further visits are subject to the deductible

SILVER PLANS

- The 2017 plan in the 2018 AV calculator = 73.21 (need to reduce AV by 1.21)
- Two approaches to bringing Silver into the de minimis range:
 - Option 1: Raise copays for office visits, ED, tests, imaging, brand drugs
 - Option 2: Apply pharmacy deductible to generic drugs (and lower pharmacy deductible)
- To understand impacts of Option 2, Covered California sent a survey to issuers to understand generic drug costs and utilization among Silver Plan enrollees. **Answers varied greatly**, and some issuers are still researching these questions. The following is a summary of the findings:
 - Proportion of drugs under \$20: 13 – 79%
 - Average cost of generic drugs: \$22 – \$46
 - Proportion of enrollees that have filled a script:
 - \$20 or less: 32 – 86%
 - More than \$20, up to \$50: 6 – 53%
 - More than \$50: 9 – 37%
 - Proportion of Silver enrollees meeting the \$250 drug deductible: 8 – 15%
 - Proportion of Silver enrollees reaching \$150 of the drug deductible: 8 – 31%

METAL LEVEL: SILVER

Benefit	Current 2017	
	Ded	Amount
Deductible		
Medical Deductible		\$2,500
Drug Deductible		\$250
Coinsurance (Member)		20%
MOOP		\$6,800
ED Facility Fee		
		\$350
Inpatient Facility Fee	X	20%
Inpatient Physician Fee	X	20%
Primary Care Visit		\$35
Specialist Visit		\$70
MH/SU Outpatient Services		\$35
Imaging (CT/PET Scans, MRIs)		\$300
Speech Therapy		\$35
Occupational and Physical Therapy		\$35
Laboratory Services		\$35
X-rays and Diagnostic Imaging		\$70
Skilled Nursing Facility	X	20%
Outpatient Facility Fee		20%
Outpatient Physician Fee		20%
Tier 1 (Generics)		
		\$15
Tier 2 (Preferred Brand)	X	\$55
Tier 3 (Nonpreferred Brand)	X	\$80
Tier 4 (Specialty)	X	20%
Tier 4 Maximum Coinsurance		
		\$250
Maximum Days for charging IP copay		
Begin PCP deductible after # of copays		
Actuarial Value		73.21

2017 AV = 71.53

Option 1: Raise copays on visits, imaging, etc.							
Scenario A		Scenario B		Scenario C		Scenario D	
Ded	Amount	Ded	Amount	Ded	Amount	Ded	Amount
	\$2,500		\$2,500		\$2,500		\$2,500
	\$250		\$250		\$250		\$250
	20%		20%		20%		20%
	\$7,000		\$7,000		\$7,000		\$7,000
	\$425		\$450		\$450		\$450
X	20%	X	20%	X	20%	X	20%
X	20%	X	20%	X	20%	X	20%
	\$45		\$45		\$45		\$45
	\$75		\$75		\$80		\$80
	\$45		\$45		\$45		\$45
	\$325		\$325		\$350		\$350
	\$45		\$45		\$45		\$45
	\$45		\$45		\$45		\$45
	\$40		\$40		\$40		\$40
	\$75		\$75		\$75		\$80
X	20%	X	20%	X	20%	X	20%
	20%		20%		20%		20%
	20%		20%		20%		20%
	\$15		\$15		\$15		\$15
X	\$60	X	\$60	X	\$60	X	\$60
X	\$85	X	\$85	X	\$85	X	\$85
X	20%	X	20%	X	20%	X	20%
	\$250		\$250		\$250		\$250
71.73		71.66		71.50		71.41	

Option 2: Apply deductible to Tier 1 (Generic drugs)			
Scenario E		Scenario F	
Ded	Amount	Ded	Amount
	\$2,500		\$2,500
	\$250		\$150
	20%		20%
	\$7,000		\$7,000
	\$350		\$350
X	20%	X	20%
X	20%	X	20%
	\$35		\$35
	\$70		\$70
	\$35		\$35
	\$300		\$300
	\$35		\$35
	\$35		\$35
	\$70		\$70
X	20%	X	20%
	20%		20%
	20%		20%
	\$15		\$15
X	\$55	X	\$55
X	\$80	X	\$80
X	20%	X	20%
	\$250		\$250
71.18		71.61	

Note: CSR and CCSB Silver plans modeling slides are in the Appendix

KEY:	X	Subject to deductible
		Increase member cost
		Decrease member cost
		Does not meet AV
		Within .5 of de minimis
		Securely within AV

NEXT STEPS

- Accepting comments today and written comments through December on the proposed plan designs and endnotes (dated 12/8/2016)
- Receive final AV Calculator and guidance on outpatient services inputs
- Make changes as necessary after reviewing comments and present plan designs and endnotes to the January meeting of the Plan Advisory Group
- Present plan designs and endnotes for discussion at the January Board meeting, action in March

COVERED CALIFORNIA DENTAL PLAN DESIGN

2018 Dental Benefit Plan Design Discussion Highlights:

- Copay Schedule
 - Alignment with benchmark plan
 - Current Dental Terminology (CDT) Update

- Adult Dental Benefits
 - Waiting Period Waiver
 - Exempt Preventive and Diagnostic Services from Annual Benefit Limit
 - Standardization of Exclusions and Limitations

STANDARD COPAY SCHEDULE

Since issuers need to comply with both EHB and standard benefit plan design requirements, the copay schedule must not conflict with the benchmark plan.

All comments received from work group unanimously recommended moving to current CDT version, reasons given included:

- HIPAA compliance
- System programming impacts
- Provider contracting
- Administrative burden of managing different benefit plans with different procedure codes

Staff Recommendation: update CDT version to CDT-17.

Existing discrepancies in the 2017 copay schedule will be eliminated by adding omitted procedure codes and removing those not in the benchmark plan

ADULT DENTAL BENEFITS

Coinsurance Plan Design

1. Standardize the waiting period waiver requirements?

- Current Adult Coinsurance Plan Design includes six month waiting period for major services, waived with proof of prior coverage. Issuers currently vary conditions to waive the waiting period.

Staff Recommendation: Standardize some waiver conditions:

- Any prior coverage will be accepted: Group/Individual, On/Off-Exchange, Any issuer (w/ exception of discount plans).
- No required minimum duration of prior coverage allowed, waive one month of waiting period for each month of prior coverage

2. Exempt Diagnostic and Preventive Services from the Benefit Limit?

- Survey revealed universal agreement that negative premium impacts (increases) would outweigh the positives, since very few adults reach annual maximum.

Staff Recommendation: Diagnostic and Preventive services will continue to accumulate to the annual limit in the coinsurance plan design in 2018.

Copay and Coinsurance Plan Designs

3. Standardize Exclusions and Limitations?

Staff Recommendation: Continue 2017 excluded services (tooth whitening, adult orthodontia, implants) in 2018 and pursue standard frequency limitations for the 2019 benefit year.

QUALITY IMPROVEMENT STRATEGY (QIS) UPDATE

LANCE LANG, CHIEF MEDICAL OFFICER
PLAN MANAGEMENT DIVISION

QUALITY IMPROVEMENT STRATEGY (QIS) 2017-2019 UPDATE

- Covered CA has been meeting individually with each QHP's medical and network teams to discuss the QIS submitted by plans as part of the 2017 application. The goal is to help check in and ensure success given the specifics of each plan's delivery model, operations, resources, geography, membership, and other variables.
- To recap, the QIS consists of multiple parts. Plans submitted phased strategies on how to improve in each of these areas between 2017-2019:
 - a. Provider Networks Based on Quality
 - b. Reducing Health Disparities and Assuring Health Equity
 - c. Promoting Care Models – Primary Care
 - d. Promoting Care Models – Integrated Healthcare Models (IHM)
 - e. Appropriate Use of C-Sections
 - f. Hospital Patient Safety
 - g. Patient-Centered Information and Support

QUALITY IMPROVEMENT STRATEGY (QIS) 2017-2019 UPDATE

Key takeaways from individual health plan meetings:

- Health Disparities:
 - Collecting data for tracking and trending is the biggest challenge. Some plans are on track to submit baseline data by end of this month, and others are taking more time to deliver data that is better quality/more actionable.
 - Mutual plan interest in sharing best practices around supplementing self identified race/ethnic data with other channels (HA, call center, provider). Plans who have seen success are interested in helping others.
- Care Models:
 - Plans considering adoption of a common structure for primary care payment using CPC+ as a template blending baseline FFS with a stratified care management fee and a performance bonus.
 - Nearing consensus to use NCQA & Joint Commission recognition programs for Patient Centered Medical Homes as means to measure adoption.
- Provider Networks/C-Section/Hospital Safety:
 - Provided 2014 data on low risk C-Section and Hospital Acquired Infection (HAI) rates in their network hospitals compared to all CA hospitals, to give initial gauge on performance. Key action step is to ensure all hospitals engage in QI with CMQCC and/or Partnership for Patients programs. (Data sources were 2014 CDPH, CMS, and OSHPD.) Waiting for 2015 data, and will redistribute when its available. Considering use of CalHospitalCompare.org which updates data quarterly.
- Data Sharing:
 - A cross cutting topic that will help success in almost every QIS area. Cal Index appears to be the only statewide multi-plan and multi-provider clinical data platform for clinical data exchange but adoption is slow.

PLAN MANAGEMENT ADVISORY GROUP MEMBERSHIP TRANSITION

LINDSAY PETERSEN, SENIOR QUALITY ANALYST
PLAN MANAGEMENT DIVISION

PLAN MANAGEMENT ADVISORY GROUP MEMBERSHIP TRANSITION

- Plan Management Advisory group is a two year term and due to staggered start times, some members are up for renewal at the end of 2016. We will be reaching out individually to see if members with expiring terms would like to reapply.
- Nomination forms and proposed 2017 meeting dates have been posted on our HBEX site: <http://hbex.coveredca.com/stakeholders/plan-management/>
- Anyone can nominate/apply. (Self nominations are allowed as well!) We will strive to maintain variety in perspectives and experience so we keep a diverse group.
- Deadline for newly applying and renewing members is **Friday January 6th, 2017.**
- Please submit nomination forms (and questions) to: Lindsay.Petersen@covered.ca.gov

To all our 2016 members, and the rest of the community... THANK YOU! We have accomplished a lot together this year!

OPEN FORUM AND FUTURE TOPICS

JAMES DEBENEDETTI, DIRECTOR
PLAN MANAGEMENT DIVISION

SUGGESTED AGENDA TOPICS FOR THE NEXT MEETING

- Membership transition update
- 2018 Certification: Draft Application and Contract Review
- Covered California Enrollment System Display: Possible Work Group
- Medi-Cal transition outreach improvement
- Consumer Satisfaction Survey and satisfaction in Bronze plans
- Others? Please email Lindsay.Petersen@covered.ca.gov

WRAP UP AND NEXT STEPS

BRENT BARNHART, CHAIR
PLAN MANAGEMENT ADVISORY GROUP

APPENDIX

SILVER 73 OPTIONS

METAL LEVEL: SILVER 73

Benefit	Current 2017		Scenario A		Scenario B		Scenario C		Scenario D		Scenario E		Scenario F	
	Ded	Amount	Ded	Amount	Ded	Amount	Ded	Amount	Ded	Amount	Ded	Amount	Ded	Amount
Deductible														
Medical Deductible		\$2,200		\$2,200		\$2,200		\$2,200		\$2,200		\$2,200		\$2,200
Drug Deductible		\$250		\$250		\$250		\$250		\$250		\$250		\$150
Coinsurance (Member)		20%		20%		20%		20%		20%		20%		20%
MOOP		\$5,700		\$6,000		\$6,000		\$6,000		\$6,000		\$7,000		\$7,000
ED Facility Fee		\$350		\$425		\$450		\$450		\$450		\$350		\$350
Inpatient Facility Fee	X	20%	X	20%	X	20%	X	20%	X	20%	X	20%	X	20%
Inpatient Physician Fee	X	20%	X	20%	X	20%	X	20%	X	20%	X	20%	X	20%
Primary Care Visit		\$30		\$40		\$40		\$40		\$40		\$30		\$30
Specialist Visit		\$55		\$60		\$60		\$65		\$65		\$55		\$55
MH/SU Outpatient Services		\$30		\$40		\$40		\$40		\$40		\$30		\$30
Imaging (CT/PET Scans, MRIs)		\$300		\$325		\$325		\$350		\$350		\$300		\$300
Speech Therapy		\$30		\$40		\$40		\$40		\$40		\$30		\$30
Occupational and Physical Therapy		\$30		\$40		\$40		\$40		\$40		\$30		\$30
Laboratory Services		\$35		\$40		\$40		\$40		\$40		\$35		\$35
X-rays and Diagnostic Imaging		\$65		\$70		\$70		\$70		\$75		\$65		\$65
Skilled Nursing Facility	X	20%	X	20%	X	20%	X	20%	X	20%	X	20%	X	20%
Outpatient Facility Fee		20%		20%		20%		20%		20%		20%		20%
Outpatient Physician Fee		20%		20%		20%		20%		20%		20%		20%
Tier 1 (Generics)		\$15		\$15		\$15		\$15		\$15	X	\$15	X	\$15
Tier 2 (Preferred Brand)	X	\$50	X	\$55	X	\$55	X	\$55	X	\$55	X	\$50	X	\$50
Tier 3 (Nonpreferred Brand)	X	\$75	X	\$80	X	\$80	X	\$80	X	\$80	X	\$75	X	\$75
Tier 4 (Specialty)	X	20%	X	20%	X	20%	X	20%	X	20%	X	20%	X	20%
Tier 4 Maximum Coinsurance		\$250		\$250		\$250		\$250		\$250		\$250		\$250
Maximum Days for charging IP copy														
Begin PCP deductible after # of copays														
Actuarial Value		75.65		73.98		73.91		73.78		73.70		73.27		73.69

Note:
2017 AV = 73.67

KEY:	X	Subject to deductible
		Increase member cost
		Decrease member cost
		Does not meet AV
		Within .5 of de minimis
		Securely within AV

SILVER 87 OPTIONS

METAL LEVEL: SILVER 87

Benefit	Current 2017		Scenario A		Scenario B		Scenario C		Scenario D		Scenario E	
	Ded	Amount	Ded	Amount	Ded	Amount	Ded	Amount	Ded	Amount	Ded	Amount
Deductible												
Medical Deductible		\$650		\$650		\$650		\$650		\$650		\$650
Drug Deductible		\$50		\$50		\$50		\$50		\$50		\$40
Coinsurance (Member)		15%		15%		15%		15%		15%		15%
MOOP		\$2,350		\$2,500		\$2,600		\$2,600		\$2,350		\$2,350
ED Facility Fee		\$100		\$100		\$100		\$100		\$100		\$100
Inpatient Facility Fee	X	15%	X	15%	X	15%	X	15%	X	15%	X	15%
Inpatient Physician Fee	X	15%	X	15%	X	15%	X	15%	X	15%	X	15%
Primary Care Visit		\$10		\$10		\$10		\$15		\$10		\$10
Specialist Visit		\$25		\$25		\$25		\$30		\$25		\$25
MH/SU Outpatient Services		\$10		\$10		\$10		\$15		\$10		\$10
Imaging (CT/PET Scans, MRIs)		\$100		\$100		\$100		\$100		\$100		\$100
Speech Therapy		\$10		\$10		\$10		\$15		\$10		\$10
Occupational and Physical Therapy		\$10		\$10		\$10		\$15		\$10		\$10
Laboratory Services		\$15		\$15		\$15		\$15		\$15		\$15
X-rays and Diagnostic Imaging		\$25		\$25		\$25		\$25		\$25		\$25
Skilled Nursing Facility	X	15%	X	15%	X	15%	X	15%	X	15%	X	15%
Outpatient Facility Fee		15%		15%		15%		15%		15%		15%
Outpatient Physician Fee		15%		15%		15%		15%		15%		15%
Tier 1 (Generics)		\$5		\$5		\$5		\$5	X	\$5	X	\$5
Tier 2 (Preferred Brand)	X	\$20	X	\$20	X	\$20	X	\$20	X	\$20	X	\$20
Tier 3 (Nonpreferred Brand)	X	\$35	X	\$35	X	\$35	X	\$35	X	\$35	X	\$35
Tier 4 (Specialty)	X	15%	X	15%	X	15%	X	15%	X	15%	X	15%
Tier 4 Maximum Coinsurance		\$150		\$150		\$150		\$250		\$150		\$250
Maximum Days for charging IP copay												
Begin PCP deductible after # of copays												
Actuarial Value		88.06		87.78		87.60		87.15		87.62		87.77

Note:
2017 AV = 87.48

KEY:	X	Subject to deductible
		Increase member cost
		Decrease member cost
		Does not meet AV
		Within .5 of de minimis
		Securely within AV

SILVER 94 OPTIONS

METAL LEVEL: SILVER 94

Benefit	Current 2017		Scenario A		Scenario B		Scenario C		Scenario D	
	Ded	Amount	Ded	Amount	Ded	Amount	Ded	Amount	Ded	Amount
Deductible										
Medical Deductible		\$75		\$75		\$75		\$75		\$75
Drug Deductible		\$0		\$0		\$0		\$0		\$0
Coinsurance (Member)		10%		10%		10%		10%		10%
MOOP		\$2,350		\$1,500		\$1,500		\$1,000		\$1,000
ED Facility Fee		\$50		\$50		\$25		\$25		\$50
Inpatient Facility Fee	X	10%	X	10%	X	10%	X	10%	X	10%
Inpatient Physician Fee	X	10%	X	10%	X	10%	X	10%	X	10%
Primary Care Visit		\$5		\$5		\$3		\$3		\$5
Specialist Visit		\$8		\$8		\$5		\$5		\$8
MH/SU Outpatient Services		\$5		\$5		\$3		\$3		\$5
Imaging (CT/PET Scans, MRIs)		\$50		\$50		\$25		\$25		\$50
Speech Therapy		\$5		\$5		\$3		\$3		\$5
Occupational and Physical Therapy		\$5		\$5		\$3		\$3		\$5
Laboratory Services		\$8		\$8		\$5		\$5		\$8
X-rays and Diagnostic Imaging		\$8		\$8		\$5		\$5		\$8
Skilled Nursing Facility	X	10%	X	10%	X	10%	X	10%	X	10%
Outpatient Facility Fee		10%		10%		10%		10%		10%
Outpatient Physician Fee		10%		10%		10%		10%		10%
Tier 1 (Generics)		\$3		\$3		\$3		\$3		\$3
Tier 2 (Preferred Brand)		\$10		\$10		\$5		\$5		\$10
Tier 3 (Nonpreferred Brand)		\$15		\$15		\$10		\$10		\$15
Tier 4 (Specialty)		10%		10%		10%		10%		10%
Tier 4 Maximum Coinsurance		\$150		\$150		\$150		\$250		\$250
Maximum Days for charging IP copay										
Begin PCP deductible after # of copays										
Actuarial Value		90.68		92.51		93.04		94.37		93.94

Note:
2017 AV = 94.12

KEY:	X	Subject to deductible
		Increase member cost
		Decrease member cost
		Does not meet AV
		Within .5 of de minimis
		Securely within AV

CCSB SILVER COPAY OPTIONS

METAL LEVEL: CCSB SILVER COPAY

Benefit	Current 2017		Scenario A		Scenario B		Scenario C		Scenario D		Scenario E		Scenario F	
	Ded	Amount	Ded	Amount	Ded	Amount	Ded	Amount	Ded	Amount	Ded	Amount	Ded	Amount
Deductible														
Medical Deductible		\$2,000		\$2,000		\$2,000		\$2,000		\$2,000		\$2,000		\$2,000
Drug Deductible		\$250		\$250		\$250		\$250		\$250		\$250		\$150
Coinsurance (Member)		20%		20%		20%		20%		20%		20%		20%
MOOP		\$6,800		\$7,000		\$7,000		\$7,000		\$7,000		\$7,000		\$7,000
ED Facility Fee		\$350		\$425		\$425		\$450		\$450		\$350		\$350
Inpatient Facility Fee	X	20%	X	20%	X	20%	X	20%	X	20%	X	20%	X	20%
Inpatient Physician Fee	X	20%	X	20%	X	20%	X	20%	X	20%	X	20%	X	20%
Primary Care Visit		\$45		\$50		\$50		\$50		\$50		\$45		\$45
Specialist Visit		\$75		\$75		\$80		\$80		\$80		\$75		\$75
MH/SU Outpatient Services		\$45		\$50		\$50		\$50		\$50		\$45		\$45
Imaging (CT/PET Scans, MRIs)		\$300		\$300		\$300		\$300		\$300		\$300		\$300
Speech Therapy		\$45		\$50		\$50		\$50		\$50		\$45		\$45
Occupational and Physical Therapy		\$45		\$50		\$50		\$50		\$50		\$45		\$45
Laboratory Services		\$40		\$45		\$45		\$45		\$45		\$40		\$40
X-rays and Diagnostic Imaging		\$70		\$75		\$75		\$80		\$80		\$70		\$70
Skilled Nursing Facility	X	20%	X	20%	X	20%	X	20%	X	20%	X	20%	X	20%
Outpatient Facility Fee		20%		20%		20%		20%		20%		20%		20%
Outpatient Physician Fee		20%		20%		20%		20%		20%		20%		20%
Tier 1 (Generics)		\$15		\$15		\$15		\$15		\$15	X	\$15	X	\$15
Tier 2 (Preferred Brand)	X	\$55	X	\$60	X	\$60	X	\$60	X	\$60	X	\$55	X	\$55
Tier 3 (Nonpreferred Brand)	X	\$85	X	\$85	X	\$85	X	\$85	X	\$85	X	\$85	X	\$85
Tier 4 (Specialty)	X	20%	X	20%	X	20%	X	20%	X	20%	X	20%	X	20%
Tier 4 Maximum Coinsurance		\$250		\$250		\$250		\$250		\$250		\$250		\$250
Maximum Days for charging IP copay														
Begin PCP deductible after # of copays														
Actuarial Value		72.45		71.46		71.34		71.27		71.18		70.48		70.90

Note:
2017 AV = 71.25

KEY:	X	Subject to deductible
		Increase member cost
		Decrease member cost
		Does not meet AV
		Within .5 of de minimis
		Securely within AV

CCSB SILVER COINSURANCE OPTIONS

METAL LEVEL: CCSB SILVER COINS

Benefit	Current 2017		Scenario A		Scenario B		Scenario C		Scenario D		Scenario E		Scenario F	
	Ded	Amount	Ded	Amount	Ded	Amount	Ded	Amount	Ded	Amount	Ded	Amount	Ded	Amount
Deductible														
Medical Deductible		\$2,000		\$2,000		\$2,000		\$2,000		\$2,000		\$2,000		\$2,000
Drug Deductible		\$250		\$250		\$250		\$250		\$250		\$250		\$150
Coinsurance (Member)		20%		20%		20%		20%		20%		20%		20%
MOOP		\$6,800		\$7,000		\$7,000		\$7,000		\$7,000		\$7,000		\$7,000
ED Facility Fee		\$350		\$425		\$425		\$450		\$450		\$350		\$350
Inpatient Facility Fee	X	20%	X	20%	X	20%	X	20%	X	20%	X	20%	X	20%
Inpatient Physician Fee	X	20%	X	20%	X	20%	X	20%	X	20%	X	20%	X	20%
Primary Care Visit		\$45		\$50		\$50		\$50		\$50		\$45		\$45
Specialist Visit		\$75		\$75		\$80		\$80		\$80		\$75		\$75
MH/SU Outpatient Services		\$45		\$50		\$50		\$50		\$50		\$45		\$45
Imaging (CT/PET Scans, MRIs)		20%		20%		20%		20%		20%		20%		20%
Speech Therapy		\$45		\$50		\$50		\$50		\$50		\$45		\$45
Occupational and Physical Therapy		\$45		\$50		\$50		\$50		\$50		\$45		\$45
Laboratory Services		\$40		\$45		\$45		\$45		\$45		\$40		\$40
X-rays and Diagnostic Imaging		\$70		\$75		\$75		\$75		\$80		\$70		\$70
Skilled Nursing Facility	X	20%	X	20%	X	20%	X	20%	X	20%	X	20%	X	20%
Outpatient Facility Fee		20%		20%		20%		20%		20%		20%		20%
Outpatient Physician Fee		20%		20%		20%		20%		20%		20%		20%
Tier 1 (Generics)		\$15		\$15		\$15		\$15		\$15	X	\$15	X	\$15
Tier 2 (Preferred Brand)	X	\$55	X	\$60	X	\$60	X	\$60	X	\$60	X	\$55	X	\$55
Tier 3 (Nonpreferred Brand)	X	\$85	X	\$85	X	\$85	X	\$85	X	\$85	X	\$85	X	\$85
Tier 4 (Specialty)	X	20%	X	20%	X	20%	X	20%	X	20%	X	20%	X	20%
Tier 4 Maximum Coinsurance		\$250		\$250		\$250		\$250		\$250		\$250		\$250
Maximum Days for charging IP copay														
Begin PCP deductible after # of copays														
Actuarial Value		72.89		71.90		71.79		71.71		71.62		70.90		71.32

Note:

2017 AV = 71.56

KEY:	X	Subject to deductible
		Increase member cost
		Decrease member cost
		Does not meet AV
		Within .5 of de minimis
	Securely within AV	