



Plan Management Advisory Workgroup Meeting

April 07, 2022

AGENDA

Time	Topic	Presenter
09:00 – 09:10	Introducing new CEO Jessica Altman	Doug McKeever
09:10 – 09:15	Welcome and Agenda Review	Rob Spector
09:15 – 09:40	Model Contract Update	Hayley Figeroid
09:40 – 09:50	Selective Contracting for New Entrants	Margareta Brandt
09:50 – 10:00	Quality Transformation Initiative Update	Margareta Brandt
10:00 – 10:15	AB133 – Bringing Care Within Reach	Katie Ravel
10:15 – 10:20	Standard Benefit Design Update	Jan Falzarano
10:20 – 10:30	Open Forum	All

2023 QUALIFIED HEALTH PLAN ISSUER MODEL CONTRACT UPDATE

Hayley Figeroid, Assistant Deputy Director
Plan Management Division

OVERVIEW OF QUALITY STANDARDS FOR POTENTIAL EXCLUSION OF PLANS (25-2-2)

- Contracted QHP issuers must demonstrate performance at or above the composite 25th percentile for the Quality Rating System (QRS) Clinical Quality Management Summary Indicator (also known as “Getting the Right Care”) standard measures for each product (HMO, PPO, EPO)
- QHP Issuers offering products that fall below the composite 25th percentile threshold using the Measurement Year 2018 performance for “Getting the Right Care” measures for two consecutive years will be put on notice that the products will be required to improve to meet or exceed the 25th percentile threshold within two years or be decertified
- The exclusion policy will not be applied in a region where removal of one or multiple plans would lead to fewer than three issuers remaining in the region
- Issuers will be required to submit a quality improvement plan detailing the action(s) they will take to improve quality to meet or exceed the composite 25th percentile
- Covered California will monitor and work with issuers to minimize any negative impacts improvement efforts may have on consumers
- If a product will no longer be offered, Covered California will coordinate with the applicable regulator and notify consumers enrolled in the product that they will need to select a new product and assist consumers through the process
 - The timeline and approach for notifying consumers will be developed in collaboration with issuers, regulators, and stakeholders
- Issuers offering products that meet the CMS eligibility criteria to report QRS measures scores and QRS star ratings for Measurement Year 2021 will be subject to assessment for this policy beginning with Measurement Year 2021
- Other products are subject to assessment in the first year the product meets the CMS eligibility criteria to report QRS measure scores and star ratings

UPDATES AND NEXT STEPS FOR QUALITY STANDARDS FOR POTENTIAL EXCLUSION OF PLANS (25-2-2)

- 2023-2025 QHP Issuer Model Contract
 - Revised Article 5 based on comments received after posting the January draft - simplified and clarified language; overarching policy structure and requirements have not changed
 - Reviewed and responded to comments
 - Publishing proposed final 2023-2025 QHP Issuer Model Contract and responses to comments
- 25-2-2 methodology documents
 - Developing measure rules and scoring rules to determine the composite 25th percentile
 - Publishing 25-2-2 methodology

ISSUER MODEL CONTRACT UPDATES

- 2023-2025 Qualified Health Plan Issuer Contract
 - Minor revisions made based on comments received after posting the January draft
 - Responses to Cycle 3 comments will be released along with final contract documents
 - Publishing proposed final 2023-2025 Qualified Health Plan Issuer Contract for Individual and CCSB markets and response to comments

MODEL CONTRACT ATTACHMENT UPDATES

- 2023-2025 Attachment 1: Advancing Equity, Quality, and Value
 - Minor revisions made based on comments received after posting the January draft
 - Reviewed and responded to comment Cycles 1 and 2
 - Responses to Cycle 3 comments will be released along with final contract documents
 - Publishing proposed final 2023-2025 Attachment 1

SELECTIVE CONTRACTING FOR NEW ENTRANTS

Margareta Brandt
Health Equity, Quality, & Transformation Division

UPDATES AND NEXT STEPS FOR SELECTIVE CONTRACTING FOR NEW ENTRANTS

- Revised 2023 QHP Certification Application to request additional provider network data to support the evaluation of new entrant provider networks
- Selective contracting for new entrants' methodology documents
 - Developing detailed methodology in collaboration with the Integrated Healthcare Association (IHA); will use IHA quality data to evaluate the quality of new entrant applicant's contracted provider organizations and providers unaffiliated with an organization
 - Publishing methodology

QUALITY TRANSFORMATION INITIATIVE UPDATE

Margareta Brandt
Health Equity, Quality, & Transformation Division

UPDATES AND NEXT STEPS FOR ATTACHMENT 4: QUALITY TRANSFORMATION INITIATIVE


- 2023-2025 Attachment 4: Quality Transformation Initiative
 - Revised based on comments received after posting the January draft – simplified and clarified language; overarching policy structure and requirements have not changed
 - Reviewed and responded to comments
 - Publishing proposed final 2023-2025 Attachment 4 and responses to comments
 - Publishing revised QTI Modeling and Contract Initiative Timelines document to provide additional background

AB133 – BRINGING CARE WITHIN REACH

Katie Ravel, Director
Policy, Eligibility & Research Policy Division

PROJECTED IMPACTS OF EXPIRATION OF THE AMERICAN RESCUE PLAN

- ❑ Covered California issued [Premium Rate Shock and Coverage Loss Inevitable if Enhanced Financial Assistance is Not Extended This Year to Consumers with Affordable Care Act Insurance](#).
- ❑ Brief shows state and national impacts that would result from allowing American Rescue Plan subsidies to expire.
- ❑ One million lower-income Covered California enrollees earning less than \$32,000 per year would see their premiums more than double next year.
- ❑ Consumers earning over 400 percent of the federal poverty level - \$52,000 for a single person and \$70,000 for a couple – would become ineligible for federal financial help.
- ❑ The increase in costs could force more than 150,000 Californians to drop their health insurance.
- ❑ In California, the expiration of these increased subsidies would also have a disproportionate impact on California's communities of color, who experienced significant increases in enrollment during the pandemic.



Premium Rate Shock and Coverage Loss Inevitable if Enhanced Financial Assistance is Not Extended This Year to Affordable Care Act Health Plans

The American Rescue Plan Provided Enhanced Premium Assistance to Make Insurance Coverage More Affordable for Millions

The American Rescue Plan Act of 2021 (ARP) made coverage through health insurance marketplaces created under the Patient Protection and Affordable Care Act dramatically more affordable to millions of people, primarily low- and middle-income Americans who do not receive coverage through their employers, Medicare or Medicaid.

ARP secured greater affordability and coverage by:

1. Increasing the amount of premium assistance for all consumers who receive tax credits under the Affordable Care Act, including free Silver plans for consumers below 150 percent of the federal poverty level.
2. Eliminating the "tax credit cliff" for middle-income consumers at 400 percent of the federal poverty level, ensuring that all consumers can have premiums capped as a percentage of income.
3. Providing automatic eligibility for free Silver plans with very low copays and deductibles for any consumer who received unemployment insurance benefits in 2021.

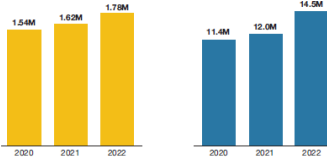
The American Rescue Plan Expanded Access to Comprehensive Coverage and Lowered Health Costs for Millions in California and Across the Country

The ARP had a dramatic impact on making coverage more affordable and helping more Americans who did not previously have insurance get covered through marketplaces across the country.

Record-Breaking Levels of Enrollment

Total enrollment in the recently completed 2022 open enrollment period was the highest on record. Nationally, 14.5 million Americans signed up for and renewed marketplace coverage for 2022, an increase of 2.5 million over the 12.0 million who enrolled for 2021, and a 21 percent increase in take-up (see Exhibit 1).¹

Exhibit 1. Marketplace Enrollment as of End of Open Enrollment 2022

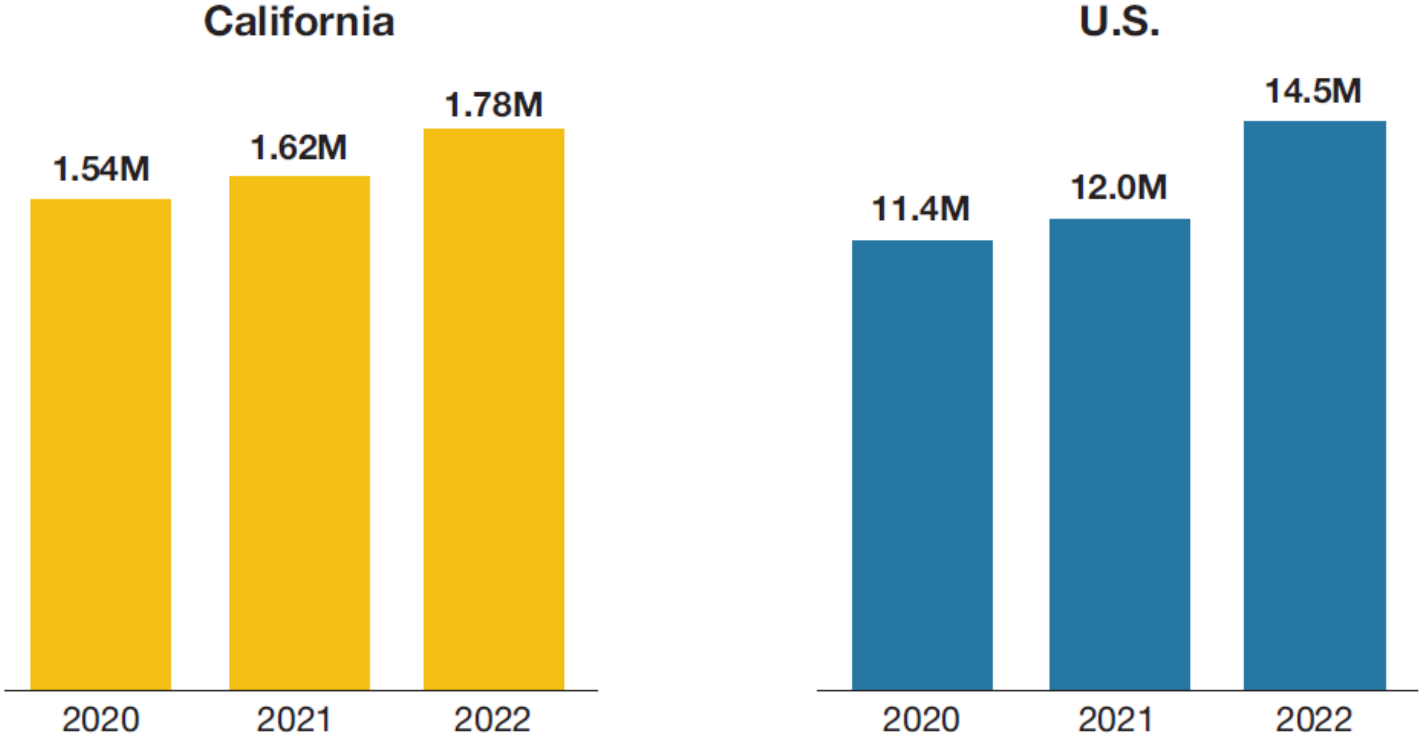


Year	California	U.S.
2020	1.54M	11.4M
2021	1.62M	12.0M
2022	1.78M	14.5M

This analysis was prepared by Covered California for its ongoing planning and to inform policy making in California and nationally.

COVERED CALIFORNIA | March 2, 2022

THE AMERICAN RESCUE PLAN SPURRED RECORD-BREAKING LEVELS OF ENROLLMENT IN CALIFORNIA AND NATIONALLY



THE INCREASED FINANCIAL HELP MADE COVERAGE MORE AFFORDABLE BY DRIVING DOWN CONSUMER PREMIUMS

Nationally

Average
Decrease of

23%

Compared
to 2021

California

Average
Decrease of

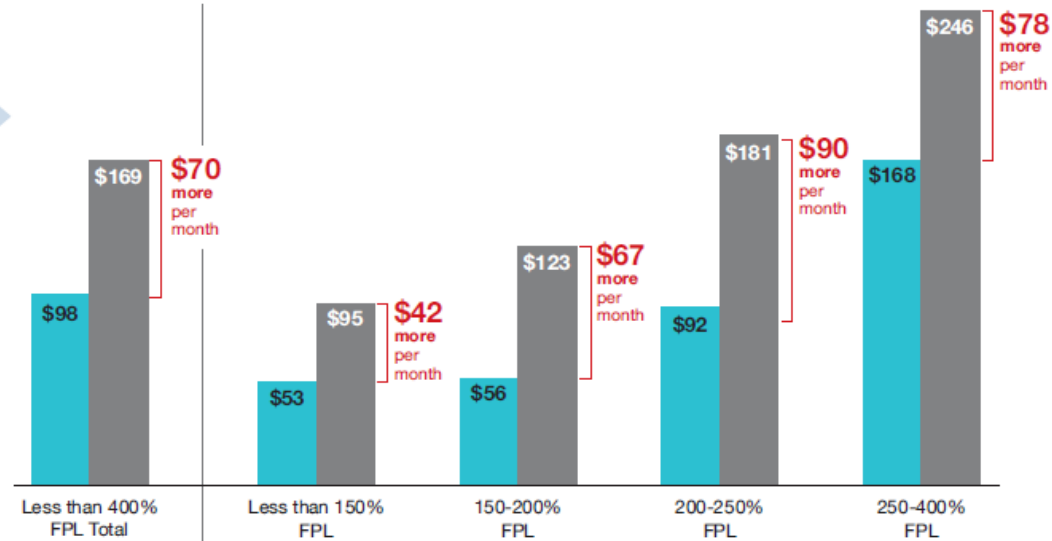
20%

Compared
to 2021

- Two-thirds of Covered California enrollees were eligible for a plan that cost \$10 or less per month.
- One-third of Covered California enrollees could get a free Silver plan.

1 MILLION LOWER-INCOME PEOPLE ENROLLED IN COVERED CALIFORNIA WOULD SEE THEIR PREMIUMS DOUBLE

For the lowest-income consumers below 250% FPL, the expiration of the ARP would cause average net premiums to double from \$65 to \$131 per month.



Income for single tax filer at bottom of range	-	~\$18,000/yr	~\$19,000/yr	~\$26,000/yr	~\$32,000/yr
Count of subsidized enrollees	1,494,000	280,000	451,000	275,000	487,000
Share of subsidized enrollees	91%	17%	28%	17%	30%

Today in 2022

If no ARP Extension

THE RETURN OF THE "SUBSIDY CLIFF" MEANS MIDDLE-INCOME CONSUMERS WOULD SEE PREMIUMS SPIKE

By removing ARP support, these middle income Californians would receive no assistance in paying their health coverage.



Income for single tax filer at bottom of range	—	~\$52,000/yr	~\$64,000/yr	~\$77,000/yr
Count of subsidized enrollees	148,000	78,000	34,000	35,000
Share of subsidized enrollees	9%	5%	2%	2%

Today in 2022

If no ARP Extension

2023 AFFORDABILITY CONTINGENCY PLANNING SCENARIOS

2023 AFFORDABILITY PLANNING SCENARIOS

1. American Rescue Plan premium subsidies expire
2. American Rescue Plan premium subsidies are extended **with** federal Affordability Fund for enhanced cost-sharing support
3. American Rescue Plan premium subsidies are extended **without** federal Affordability Fund for enhanced cost-sharing support

1. AMERICAN RESCUE PLAN PREMIUM SUBSIDIES EXPIRE

SCENARIO 1: ARP PREMIUM SUBSIDIES EXPIRE

- Carriers have been instructed to prepare their 2023 rate bids assuming current law (no ARP premium subsidies) but also to provide a factor by which rates would change if ARP premium subsidies are extended.
- Covered California assumes the state would reimplement the California Premium Subsidy program in some form or fashion in this scenario.
 - The 2021-2022 State Budget (AB 128) and Health Omnibus trailer bill (AB 133) redirected \$333.4 million from the General Fund to the Health Care Affordability Reserve Fund to be used for affordability programs operated by Covered California starting in plan year 2023.
- Key operational contingency planning activities include reviewing and retesting state premium subsidy infrastructure to be ready to reactivate it in October 2023.

PROJECTED FEDERAL FUNDING LOSS IF ARP PREMIUM SUBSIDIES EXPIRE – BASED ON 2022 ENROLLMENT

FPL Group	Annual ACA-ARP Difference (2022)	Count of Current Enrollees
Under 150% FPL	\$118 M	278,000
150-200% FPL	\$330 M	450,000
200-250% FPL	\$284 M	274,000
250-300% FPL	\$239 M	236,000
300-400% FPL	\$206 M	256,000
400-600% FPL	\$457 M	132,000
All Enrollees	\$1,740 M	1,767,000

THE AMERICAN RESCUE PLAN: PROVIDING MORE HELP TO MILLIONS AND MORE THAN COVERING CALIFORNIA'S TEMPORARY STATE SUBSIDIES

- The ARP “required contribution curve” significantly reduced the share of income that consumers must pay towards their premiums, fully replacing the current ACA and California Premium Subsidy policy design for plan years 2021 and 2022.



Required contribution curves are for the 2021 plan year.

2. AMERICAN RESCUE PLAN PREMIUM SUBSIDIES EXTENDED *WITH* FEDERAL FUNDING FOR COST SHARING SUPPORT

SCENARIO 2: ARP PREMIUM SUBSIDIES EXTENDED WITH FEDERAL AFFORDABILITY FUNDING

- Key operational contingency planning activities include: (1) developing system functionality for enhanced cost-sharing reduction benefits to be ready in October 2023; (2) developing alternate benefit designs for enhanced cost-sharing subsidies; and (3) developing PMPM payment rates.
- Covered California has been working with the CalHEERS project to begin design work and understand what is technologically feasible to implement for the 2023 benefit year.
- The functionality will be built with several configurability aspects including program configuration by benefit year and carrier related transactions and communications.

SCENARIO 2: ARP SUBSIDIES ARE EXTENDED WITH FEDERAL FUNDING FOR COST-SHARING

✓ = benefit or eligibility enhancement
 ■ = richer CSR support

Option	Summary	Description	Up to 150% FPL		150-200% FPL		200-250% FPL		250-300% FPL		300-400% FPL		400-600% FPL		Annual Cost by Tier Switching Scenarios 1, 2, and 3 (millions)			
			CSR Upgrade	No Deductible	CSR Upgrade	No Deductible	CSR Upgrade	No Deductible	CSR Upgrade	No Deductible	CSR Upgrade	No Deductible	CSR Upgrade	No Deductible	CSR Upgrade	No Deductible	Current	Some Tier Switching
	<i>Current CSR Eligibility</i>		CSR Eligible						CSR Ineligible									
	<i>AV of ACA Silver Products</i>		94		87		73		70		70		70					
1	AV 95/90/85/80 with no deductibles	New eligibility for CSR up to 600% FPL. New products (min AV 80) under 600% FPL. No deductibles at any income below 600% FPL.	95		95		90		90		85		80		\$475	\$542	\$626	
			✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓				
2	AV 95/90/85 with no deductibles	New eligibility for CSR up to 400% FPL. New products (min AV 85) under 400% FPL. No deductibles at any income below 400% FPL.	95		95		90		90		85		70		\$463	\$526	\$604	
			✓		✓	✓	✓	✓	✓	✓	✓	✓						
3	ACA CSR plan upgrade with no deductibles and Gold AV for 300-400% FPL	New eligibility for CSR up to 400% FPL. New CSR products (min AV 80) up to 400% FPL.	94		94		87		87		80		70		\$386	\$433	\$489	
			✓		✓	✓	✓	✓	✓	✓	✓	✓						

Adapted from Table 5 in the Milliman AB 133 Health Care Affordability companion report.

https://hbex.coveredca.com/stakeholders/AB_133_Health_Care_Affordability_Working_Group/Bringing-Care-Within-Reach-Milliman-Companion-Report-1-06-22.pdf



STATE COST-SHARING LEGISLATION INTRODUCED

- [AB 1878](#) (Wood) and [SB 944](#) (Pan), sponsored by Health Access, would require Covered California to offer enhanced cost sharing plans to consumers in all FPL ranges. These bills are nearly identical (except for slight differences in intent language). They are intended to allow Covered California to implement the affordability assistance modeled in the AB 133 Report and to maximize federal financial assistance while providing affordability assistance in addition to that federal financial assistance.

- These bills would require Covered California to offer the cost sharing assistance based on FPL with the actuarial values (AV) outlined below:
 - For consumers with household income below 200% FPL, AV of at least 94 percent.
 - For consumers with household income between 200 and 300% FPL, AV of at least 90 percent, scaled to income.
 - For consumers with household income between 301 and 400% FPL, AV of at least 85 percent, scaled to income.
 - For consumers with household income above 400% FPL, actuarial assistance may have an actuarial value of as much as 80 percent, depending on available funding.

- Both bills would require Covered California to adopt standard benefit designs consistent with these provisions.

- The bills waive the Legislature's 30-day rule, so they can be heard in committee at any time.

3. AMERICAN RESCUE PLAN PREMIUM SUBSIDIES EXTENDED *WITHOUT* FEDERAL FUNDING FOR COST SHARING SUPPORT

SCENARIO 3: ARP PREMIUM SUBSIDIES EXTENDED WITHOUT FEDERAL AFFORDABILITY FUNDING

- Similar to scenario 2: Key operational contingency planning activities include: (1) developing system functionality for enhanced cost-sharing reduction benefits to be ready in October 2023; (2) developing alternate benefit designs for enhanced cost-sharing subsidies; and (3) developing PMPM payment rates.

SCENARIO 3: ARP SUBSIDIES ARE EXTENDED WITHOUT FEDERAL FUNDING FOR COST-SHARING

✓ = benefit or eligibility enhancement
 ■ = richer CSR support

Option	Summary	Description	Up to 150% FPL		150-200% FPL		200-250% FPL		250-300% FPL		300-400% FPL		400-600% FPL		Annual Cost by Tier Switching Scenarios 1, 2, and 3 (millions)			
			CSR Upgrade	No Deductible	CSR Upgrade	No Deductible	CSR Upgrade	No Deductible	CSR Upgrade	No Deductible	CSR Upgrade	No Deductible	CSR Upgrade	No Deductible	CSR Upgrade	No Deductible	Current	Some Tier Switching
	<i>Current CSR Eligibility</i>		<i>CSR Eligible</i>						<i>CSR Ineligible</i>									
	<i>AV of ACA Silver Products</i>		94		87		73		70		70		70					
4	ACA CSR plan upgrade with no deductibles and Gold AV for 250-400% FPL	New eligibility for CSR up to 400% FPL. New CSR products (min AV 80) up to 400% FPL.	94	■	94	■	87	■	80	■	80	■	70		\$362	\$403	\$452	
			✓		✓	✓	✓	✓	✓	✓	✓	✓						
5	ACA CSR plan upgrade for 150-250% FPL	Richer CSR below 250% FPL, moving Silver 87 to Silver 94 and Silver 73 to Silver 87.	94		94	■	87	■	70		70		70		\$278	\$299	\$322	
					✓		✓											
6	ACA CSR plans with no deductibles and Gold AV for 200-400% FPL	New CSR product (AV 80) for 200-400% FPL. No deductibles at any income below 400% FPL.	94	■	87	■	80	■	80	■	80	■	70		\$128	\$154	\$189	
			✓		✓		✓	✓	✓	✓	✓	✓						
7	ACA CSR Plans with no deductibles	Existing CSR products across the income spectrum. No deductibles at any income below 400% FPL.	94	■	87	■	73	■	73	■	73	■	70		\$37	\$45	\$55	
			✓		✓		✓		✓		✓							

TIMING AND OPERATIONAL CONSIDERATIONS FOR IMPLEMENTING ENHANCED COST-SHARING REDUCTION OPTIONS

2023 PLAN YEAR PREPARATION CALENDAR

Milestone	Estimated Timeframe
April Board Meeting <ul style="list-style-type: none"> Action: 2023 ACA Benefit Designs 	April 14, 2022
Final CalHEERS Design Needed for State-Administered CSR Program <ul style="list-style-type: none"> Finalize business rules with configurable table to assigned enhanced cost-sharing plans 	May 2022
May Board Meeting <ul style="list-style-type: none"> Discussion: 2023 Enhanced Benefit Designs Discussion: Enhanced CSR payment methodology and rates Discussion: 2022-23 Covered California Budget Potential Discussion: State Subsidy Program Design 	May 19, 2022
June Board Meeting: <ul style="list-style-type: none"> Potential Action: 2023 Enhanced Benefit Designs Potential Action: Enhanced CSR payment methodology and rates Action: 2022-23 Covered California Budget Potential Action: State Subsidy Program Design 	June 16, 2022
Carrier Integration Testing for the 2023 Plan Year <ul style="list-style-type: none"> Load required contribution tables (federal and state) Load 2023 proposed rates Load 2023 proposed enhanced cost-sharing plans 	July – August 2022
CalHEERS Release for the 2023 Plan Year	September 2022
Start of renewals for 2023 plan year <ul style="list-style-type: none"> Covered California begins renewal process on/around October 1st 	October 2022

2023 STANDARD BENEFIT DESIGN UPDATE

Jan Falzarano, Deputy Director
Plan Management Division

AV CALCULATOR AND NOTICE OF BENEFIT AND PAYMENT PARAMETERS

- The Notice of Benefit and Payment Parameters (NBPP) final rule has not yet been released
- The final Actuarial Value Calculator (AVC) has not yet been released
- The 2023 plan designs will be finalized after the Board meeting due to the timeline in final NBPP and AVC

BENEFIT DESIGN SINCE FEBRUARY BOARD MEETING

- Proposed 2023 Standard Benefit Plan Designs (SBPDs) were presented for discussion at the February Board Meeting
- Additional benefit modeling was performed on Silver 73 to ensure a 2% variance between the Silver 70 and Silver 73 plans
 - Changes since February in red:
 - Silver 73:
 - reduced drug deductible from \$85 to \$30
- Dental plan benefit designs – added two new codes to the 2023 Copay Schedule, D5227 and D5228

2023 PROPOSED PLAN DESIGN SIDE-BY-SIDE VIEW

INDIVIDUAL & FAMILY PLAN

Benefit	Individual-only Platinum Coinsurance		Individual-only Platinum Copay		Individual-only Gold Coinsurance		Individual-only Gold Copay		Individual-only Silver		Silver 73		Silver 87		Silver 94		Bronze		Bronze HDHP	
	Ded	Amount	Ded	Amount	Ded	Amount	Ded	Amount	Ded	Amount	Ded	Amount	Ded	Amount	Ded	Amount	Ded	Amount	Ded	Amount
Deductible																				
Medical Deductible									\$4,750		\$4,750		\$800		\$75		\$6,300		\$7,000	
Drug Deductible									\$85		\$30		\$25		\$0		\$500			
Coinsurance (Member)		10%		10%		20%		20%		20%		15%		10%		40%		40%		0%
MOOP		\$4,500		\$4,500		\$8,550		\$8,550		\$8,750		\$7,250		\$3,000		\$900		\$8,200		\$7,000
ED Facility Fee		\$150		\$150		\$350		\$350		\$400		\$400		\$150		\$50	X	40%	X	0%
Inpatient Facility Fee		10%		\$250		30%		\$350	X	30%	X	30%	X	25%	X	10%	X	40%	X	0%
Inpatient Physician Fee		10%		---		30%		---		30%		25%		30%	X	40%	X	40%	X	0%
Primary Care Visit		\$15		\$15		\$35		\$35		\$45		\$45		\$15		\$5	X	\$65	X	0%
Specialist Visit		\$30		\$30		\$65		\$65		\$85		\$85		\$25		\$8	X	\$95	X	0%
MH/SU Outpatient Services		\$15		\$15		\$35		\$35		\$45		\$45		\$15		\$5	X	\$65	X	0%
Imaging (CT/PET Scans, MRIs)		10%		\$75		25%		\$75		\$325		\$325		\$100		\$50	X	40%	X	0%
Speech Therapy		\$15		\$15		\$35		\$35		\$45		\$45		\$15		\$5		\$65	X	0%
Occupational and Physical Therapy		\$15		\$15		\$35		\$35		\$45		\$45		\$15		\$5		\$65	X	0%
Laboratory Services		\$15		\$15		\$40		\$40		\$50		\$50		\$20		\$8		\$40	X	0%
X-rays and Diagnostic Imaging		\$30		\$30		\$75		\$75		\$95		\$90		\$40		\$8	X	40%	X	0%
Skilled Nursing Facility		10%		\$150		30%		\$150	X	30%	X	30%	X	25%	X	10%	X	40%	X	0%
Outpatient Facility Fee		10%		\$100		20%		\$150		20%		20%		15%		10%	X	40%	X	0%
Outpatient Physician Fee		10%		\$25		20%		\$40		20%		20%		15%		10%	X	40%	X	0%
Tier 1 (Generics)		\$5		\$5		\$15		\$15	X	\$16	X	\$16	X	\$5		\$3	X	\$18	X	0%
Tier 2 (Preferred Brand)		\$15		\$15		\$60		\$60	X	\$60	X	\$55	X	\$25		\$10	X	40%	X	0%
Tier 3 (Nonpreferred Brand)		\$25		\$25		\$85		\$85	X	\$90	X	\$85	X	\$45		\$15	X	40%	X	0%
Tier 4 (Specialty)		10%		10%		20%		20%	X	20%	X	20%	X	15%		10%	X	40%	X	0%
Tier 4 Maximum Coinsurance		\$250		\$250		\$250		\$250		\$250		\$250		\$150		\$150		\$500*		
Maximum Days for charging IP copay				5				5												
Begin PCP deductible after # of copays																				3 visits
Actuarial Value																				
2023 AV (Draft 2023 AVC)		91.76		89.75		81.92		80.11		71.57†		73.86†		87.86†		94.88		64.54†		64.17
2022 AV (Final 2022 AVC)		91.59		89.25		81.90		78.01		71.07†		73.42†		87.75†		94.66		64.78†		64.60
Enrollment as of June 2021				61,090				151,430		227,540		124,900		328,850		205,510		352,860		108,220
Percent of Total enrollment				4%				10%		15%		8%		21%		13%		23%		7%
Enrollment as of June 2021		17,373		43,717		84,815		66,615												
Percent of Total enrollment		28%		72%		56%		44%												

KEY:	X	Subject to deductible
	*	Drug cap applies to all drug tiers
	†	Additional adjustment included in AV
		Increased member cost from 2022
		Decreased member cost from 2022
		Does not meet AV
		Within .3 of upper de minimis
		Securely within AV

2023 BENEFIT PLAN DESIGNS SIDE-BY-SIDE VIEW FOR COVERED CALIFORNIA FOR SMALL BUSINESS

Benefit	CCSB-only Platinum Coinsurance		CCSB-only Platinum Copay		CCSB-only Gold Coinsurance		CCSB-only Gold Copay		CCSB-only Silver Coinsurance		CCSB-only Silver Copay		CCSB-only Silver HDHP	
	Ded	Amount	Ded	Amount	Ded	Amount	Ded	Amount	Ded	Amount	Ded	Amount	Ded	Amount
Deductible														\$2,700
Medical Deductible						\$350		\$250		\$2,500		\$2,500		
Drug Deductible						\$0		\$0		\$300		\$300		
Coinsurance (Member)		10%		10%		20%		20%		35%		30%		25%
MOOP		\$4,500		\$4,500		\$7,800		\$7,800		\$8,600		\$8,750		\$7,200
ED Facility Fee		\$200		\$150	X	20%	X	\$250	X	35%	X	30%	X	25%
Inpatient Facility Fee		10%		\$250	X	20%	X	\$600	X	35%	X	40%	X	25%
Inpatient Physician Fee		10%		—	X	20%		—	X	35%		40%	X	25%
Primary Care Visit		\$15		\$20		\$25		\$35		\$55		\$55	X	25%
Specialist Visit		\$30		\$30		\$50		\$55		\$90		\$90	X	25%
MH/SU Outpatient Services		\$15		\$20		\$25		\$35		\$55		\$55	X	25%
Imaging (CT/PET Scans, MRIs)		10%		\$100		20%	X	\$250	X	35%	X	\$300	X	25%
Speech Therapy		\$15		\$20		\$25		\$35		\$55		\$55	X	25%
Occupational and Physical Therapy		\$15		\$20		\$25		\$35		\$55		\$55	X	25%
Laboratory Services		\$15		\$20		\$25		\$35		\$55		\$55	X	25%
X-rays and Diagnostic Imaging		\$30		\$30		\$65		\$55		\$90		\$90	X	25%
Skilled Nursing Facility		10%		\$150	X	20%	X	\$300	X	35%	X	40%	X	25%
Outpatient Facility Fee		10%		\$100		20%	X	\$300	X	35%	X	35%	X	25%
Outpatient Physician Fee		10%		\$25		20%		\$35		35%		30%	X	25%
Tier 1 (Generics)		\$10		\$5		\$15		\$15		\$20		\$19	X	25%
Tier 2 (Preferred Brand)		\$25		\$20		\$50		\$40	X	\$75	X	\$85	X	25%
Tier 3 (Nonpreferred Brand)		\$40		\$30		\$80		\$70	X	\$105	X	\$110	X	25%
Tier 4 (Specialty)		10%		10%		20%		20%	X	30%	X	30%	X	25%
Tier 4 Maximum Coinsurance		\$250		\$250		\$250		\$250		\$250		\$250		\$250*
Maximum Days for charging IP copay				5				5						
Begin PCP deductible after # of copays														
Actuarial Value														
2023 AV (Draft 2023 AVC)		90.71		88.80		78.91		80.49		71.89†		71.54†		71.71
2022 AV (Final 2022 AVC)		90.47		88.29		78.02†		79.43		71.43†		70.84†		71.75
Enrollment as of January 2021				15,864				29,679				20,825		1,724
Percent of Total enrollment				23%				44%				31%		3%

KEY:	X	Subject to deductible
	*	Drug cap applies to all drug tiers
	†	Additive adjustment (included in AV)
		Increased member cost from 2022
		Decreased member cost from 2022
		Does not meet AV
		Within .5 of upper de minimis
		Securely within AV

2023 DENTAL BENEFIT PLAN DESIGNS

Addition of CDT Codes:

- D5227 - The original benchmark included maxillary partial denture (D5225). The inclusion of this new code supports the intent of the original benchmark.
- D5228 - The original benchmark included mandibular partial denture (D5226). The inclusion of this new code supports the intent of the original benchmark.

			Pediatric Dental EHB	*Adult Dental
			Up to Age 19	19 and Older
Procedure Category	CDT Code	Updated CDT-23 Nomenclature	In-Network Member Cost Share	In-Network Member Cost Share
Prosthodontics, removable	D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	Not Covered	\$375
	D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	Not Covered	\$375

FINAL PLAN DESIGNS

- The plan designs presented to the Board for action in April will still be draft versions until the final NBPP and AVC are released
- AV Certification will be completed once the final NBPP and AVC are available

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